Department of Human Services
Mental Health and Disability Services

April 14, 2008

ACUTE MENTAL HEALTH TASKFORCE
SYSTEM MAPPING

I. Who is in need of mental health/substance abuse emergency services?

A. All Iowans

1. Adults and children
2. SED/CMI/SA
3. Voluntary/involuntary status
4. Mostly rural, few urban areas

II. "First responders" to mental health/substance abuse crisis situations

A. Who are front line responders?

1. Law enforcement - police and sheriff officers
2. Emergency rooms – "by default" mostly although some private practitioners refer patients to ER "by design"
3. CMHCs
4. Out-of-state agencies (80 children and BI adults)
5. Clerk of Court
6. Substance abuse providers (32 block grants)
7. Community-based corrections
8. VA\

B. "First responder" interventions

1. No universal screening tool – assessments are site-specific
2. 3 mobile crisis units
3. 211/911
4. ACT
5. School staff -> police
6. peer supports
7. private practitioners
8. targeted case managers
9. remedial providers – to provide "crisis intervention" service has to be designated as a goal
10. NAMI – education through Family-to-Family, Visions; Peer-to-Peer

III. Mental Health/Substance Abuse Services

A. Hospitals

1. Psych beds – 749 beds in 32 community hospitals; 287 beds in 4 state hospitals; 42 beds in 2 Federal; VA hospitals
    a. IA has enough beds
    b. Possible bed options: Inpatient -> Observation beds (23 hour on unit)-> 2-3 day detox on med floor, then to psych floor

c. State hospitals
    i. Not the mission to assess MH crises
    ii. Patients are brought to MHIs by default because rural area has no other emergency room access
    iii. Pre-screening required at CMHC before admitted to MHI
d. Lack of d/c planning; hospitals have to d/c regardless of scheduling follow-up appt. ability;
e. outreach workers not readily available to "connect" client from inpatient to outpatient services; where are families involved in this process?
f. MANG – No easily-accessible provider list to use to know to whom a patient should be d/c

B. Community Mental Health Centers/ Other Mental Health Providers

C. Jail

D. Jail Diversion Programs

1. Providing alternatives to jail for MI consumers
2. Scott Co. (pre-booking) – 2 CM from CMHC work with psychiatrist at jail; 2 FTE for 80 people; county funded program
3. Story Co. (pre-booking) – 2 CM for 20 people; Federal grant funded
4. Johnson Co. (post-booking); county funded program

E. *Mental Health Court*

a. Woodbury Co. – triaging in mental health court

IV. Discharge Linkage Options

(Note: Public sector has some opportunities that private sector does not, such as ACT, supported housing; sub-acute treatment not readily available)

A. Community Mental Health Centers/ Other Mental Health Providers

1. Many CMHCs have long waiting lists although Medicaid standards require contact within 7 days of d/c; Magellan reports 90% consumers have contact with a MH provider within 7 days
2. Few dual diagnosis programs – 4 agencies have dual licenses to provide both treatments in-house (co-occurring capability still in infant stages) – major disconnect between MH and SA provider networks

B. *Private Providers* – (i.e. partial hospitalization programs)
C. *Residential Facilities* (i.e. county care home, custodial care, NOT recovery-oriented)
D. Supportive Housing
E. Homeless Shelters, Youth Shelters
F. *PATH programs* – 6 programs in Iowa
G. ICF-MI
H. *ACT Teams* (4) (Iowa City, CR, Ft. Dodge, Council Bluffs) or Case Management
I. Home

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V. What keeps people out of hospitals?

A. *Housing*
B. *Employment*
C. *Peer Support*
D. *Clubhouses, "family room, " other peer programs*

VI. Solutions

A. *Protocols/agreements between providers*
B. *Standards of Care*
C. *Incentives*
D. *Training*
E. *D/C Planning coordination*
F. *Clear channels of communication across the continuum*
G. *Influx of new dollars*
H. *Medicaid changes* – look at contemporary uses of Medicaid

VII. Priorities

A. *Recovery-oriented Care*
B. *Access to care* – ACCESS Centers; pre ER crisis diversion; strong alternatives *to inpatient care*
C. *Expansion of best practices services*
D. *Public/private coordination*
E. *Legislative budget requests*
F. *Outcomes tracking*
G. *Training of MH law* – meet with Clerk of Court, law enforcement
H. *Evaluate regional needs*
I. *Alternative solutions to workforce crisis*

VIII. Parking Lot

A. *Transportation needs*
B. *Out-of-state placements*
C. *Training*
D. *Universal screening tools*